POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*		7/1/99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DM	72223	7/16/14
			9/28/99

INDEX OF CLAIMS

✔	Rejected	N	Non-elected
=	Allowed	I	Interference
– (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)